Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 1 of 32

Fill in this inf	ormation to ide	entify your cas	se and this filing:				
Debtor 1	Jaclyn		Rhoads				
	First Name	Middle Name	Last Name	_			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_			
United States Ba	nkruptcy Court for the	he: EASTERN D I	IST. OF PENNSYLVANIA	_			
Case number (if known)				_	c if this is an ded filing		
Official Form	106A/B						
Schedule A	/B: Property				12/15		
		· · · · · · · · · · · · · · · · · · ·		I Estate You Own or Have	e an Interest In		
	or have any legal c	· · · · · · · · · · · · · · · · · · ·	est in any residence, building,				
Yes. Wh	nere is the property?	?					
1.1. 301 Harrison Av		Check a	the property?	Do not deduct secured cla amount of any secured cla Creditors Who Have Clain			
Street address, ii avaii	able, or other descriptio	Dup	gle-family home plex or multi-unit building ndominium or cooperative	Current value of the entire property?	Current value of the portion you own?		
Norwood	PA 1907	74	nufactured or mobile home	\$202,104.00	\$202,104.00		
City State ZIP Code		☐ Inve	estment property neshare	interest (such as fee sim	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.		
County		Who ha Check o	as an interest in the property?	RESIDENCE			
		☐ Deb	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Debtor 1 only □ At least one of the debtors and another				
			nformation you wish to add al	bout this item, such as local			

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 2 of 32

Debtor 1 Jaclyn Rhoads			Case number (if known)			
1.2. 600 Grant Road Street address, if available, or other description		What is the property? Check all that apply. Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.			
Folcroft City County 600 Gran Unit 12	PA 19032 State ZIP Code	Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about property identification number:		ple, tenancy by the), if known.		
1.3. 600 Grant Road		What is the property? Check all that apply. Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.			
Apartmer	t Road-Apartment 12-A	☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home	Current value of the entire property? \$36,458.00	Current value of the portion you own? \$36,458.00		
County		Land Investment property Timeshare Other	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.			
		Who has an interest in the property?	RENTAL PROPERTY			
		Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is community property (see instructions)			
		Other information you wish to add about property identification number:	t this item, such as local	_		

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 3 of 32

Debtor 1 Ja	clyn Rhoads	C	ase number (if known)		
1.4. 411 Barnsboro Road Sewell, NJ County		What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? \$395,305.00 Current value of the portion you own? Current value of the portion you own? \$395,305.00 Current value of the portion you own? Check if estate in the portion you own? Check if this is community property (see instructions)		
		Other information you wish to add about property identification number:	ut this item, such as local	_	
1.5. 6123 West Passyunk Street address, if available, or other description		What is the property? Check all that apply. Single-family home Duplex or multi-unit building	amount of any secured cla Creditors Who Have Clain Current value of the	S Secured by Property. Current value of the	
Philadelphia	PA 19153	Condominium or cooperative Manufactured or mobile home	entire property?Unknown	portion you own? Unknown	
City State ZIP Code		☐ Land ☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.		
County		Who has an interest in the property?	Property		
		Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is comm (see instructions)	nunity property	
		Other information you wish to add about property identification number:			
		ou own for all of your entries from Part 1, inc for Part 1. Write that number here	_	\$670,325.00	
Part 2:	Describe Your Vehicle	es			
		able interest in any vehicles, whether they a ease a vehicle, also report it on Schedule G: Ex			
3. Cars, vans	s, trucks, tractors, sport ut	ility vehicles, motorcycles			
✓ No ☐ Yes					
		TVs and other recreational vehicles, other vessonal watercraft, fishing vessels, snowmobiles,			

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 4 of 32

Debtor 1		Jaclyn Rhoads Case numb	Case number (if known)		
5.		e dollar value of the portion you own for all of your entries from Part 2, including ar for pages you have attached for Part 2. Write that number here			
Р	art 3:	Describe Your Personal and Household Items			
Do	you own	or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.		
6.		nold goods and furnishings es: Major appliances, furniture, linens, china, kitchenware			
	☐ No ✓ Yes	. Describe Household items	\$1,000.00		
7.		nics es: Televisions and radios; audio, video, stereo, and digital equipment; computers, pring music collections; electronic devices including cell phones, cameras, media players			
	☐ No ✓ Yes	s. Describe Televisions, computer	\$600.00		
8.		 ibles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other a stamp, coin, or baseball card collections; other collections, memorabilia, collectibles 	rt objects;		
	✓ No ☐ Yes	s. Describe			
9.		nent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, g canoes and kayaks; carpentry tools; musical instruments	olf clubs, skis;		
	✓ No ☐ Yes	s. Describe			
10.	•	ns es: Pistols, rifles, shotguns, ammunition, and related equipment			
	✓ No ☐ Yes	s. Describe			
11.		s es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories			
	☐ No ✓ Yes	s. Describe General Clothing items	\$300.00		
12.	Jewelry Example	 es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewe gold, silver 	Iry, watches, gems,		
	☐ No ✓ Yes	s. Describe Wedding ring	\$1,500.00		
13.		rm animals es: Dogs, cats, birds, horses			
	✓ No ☐ Yes	s. Describe			
14.	did not	ner personal and household items you did not already list, including any health aid list	s you		
	_	s. Give specific			

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 5 of 32

Deb	tor 1	Jaclyn Rhoads	S	Case number (if known)	
15.				s from Part 3, including any entries for pages you have	\$3,400.00
P	art 4:	Describe Yo	our Financial	Assets	
Do	you owr	or have any lega	al or equitable in	terest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examp	les: Money you ha	ave in your wallet,	in your home, in a safe deposit box, and on hand when you file your	
	✓ No	S		Cash:	
17.	•	•	uses, and other s	ancial accounts; certificates of deposit; shares in credit unions, imilar institutions. If you have multiple accounts with the same	
	□ No ✓ Yes	S	. Insti	itution name:	
	17	.1. Checking a	ccount: Che	ecking account-Citizens Bank	\$5,000.00
	17	.2. Savings acc	count: Sav	rings account-Citizens Bank	\$2,000.00
18.	Examp	, mutual funds, o l les: Bond funds, i		stocks nts with brokerage firms, money market accounts	
	☐ No ✓ Yes	S	. Institution or is	ssuer name:	
			IRA		\$12,000.00
19.	-	ıblicly traded sto	ck and interests	in incorporated and unincorporated businesses, including oint venture	<u> </u>
	info	s. Give specific ormation about m	Name of entity	y: % of ownership:	
20.	Govern Negotia	nment and corpor able instruments in	rate bonds and on a clude personal cl	other negotiable and non-negotiable instruments hecks, cashiers' checks, promissory notes, and money orders. cannot transfer to someone by signing or delivering them.	
	info	s. Give specific ormation about m	. Issuer name:		
21.		nent or pension a les: Interests in IF profit-sharing	RA, ERISA, Keogh	n, 401(k), 403(b), thrift savings accounts, or other pension or	
	□ No	a Lintocch			
	ب	s. List each count separately.	Type of account	t: Institution name:	
			Pension plan:	403-b Plan Vanguard	\$66,000.00
			Pension plan:	Pension plan-TIAA	\$846.22

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 6 of 32

Deb	tor 1 Jaclyn Rhoads	Case number (if known)	
22.		payments posits you have made so that you may continue service or use from a company n landlords, prepaid rent, public utilities (electric, gas, water), telecommunications	
	☑ No		
	Yes	Institution name or individual:	
23.	☑ No	specific periodic payment of money to you, either for life or for a number of years)	1
	Yes	Issuer name and description:	
24.	26 U.S.C. §§ 530(b)(1), 529	RA, in an account in a qualified ABLE program, or under a qualified state tuitine $A(b)$, and $529(b)(1)$.	ion program.
	✓ No ☐ Yes	Institution name and description. Separately file the records of any interests. 11 to	U.S.C. § 521(c)
25.	Trusts, equitable or future powers exercisable for you	interests in property (other than anything listed in line 1), and rights or ur benefit	
	✓ No ☐ Yes. Give specific information about them		
26.		marks, trade secrets, and other intellectual property; names, websites, proceeds from royalties and licensing agreements	
	NoYes. Give specific information about them		
27.	Licenses, franchises, and Examples: Building permits ✓ No ☐ Yes. Give specific information about them	other general intangibles , exclusive licenses, cooperative association holdings, liquor licenses, professiona	al licenses
Mor	ney or property owed to you	1?	Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you		
	☑ No		
	Yes. Give specific infor	rmation F	Federal:
	about them, including w	9	State:
	you already filed the reto and the tax years	uiiis	
		L	_ocal:
29.		p sum alimony, spousal support, child support, maintenance, divorce settlement, pr	property settlement
	✓ No✓ Yes. Give specific infor	rmation Alimony:	
	_	Maintenance:	 e:
		Support:	
		Divorce settle	ement:
		Property settl	tlement:

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 7 of 32

Deb	tor 1 Jaclyn Rhoads		Case number (if known) _	
30.		s you bility insurance payments, disability benef al Security benefits; unpaid loans you ma		
	✓ No✓ Yes. Give specific informat	tion		
31.	Interests in insurance policies Examples: Health, disability, or	s life insurance; health savings account (H	SA); credit, homeowner's, or renter's	insurance
	No Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
		Whole Life Insurance Policy	William Rhoads	\$4,874.81
32.	If you are the beneficiary of a live entitled to receive property because	s due you from someone who has died ving trust, expect proceeds from a life insuause someone has died	urance policy, or are currently	
	✓ No✓ Yes. Give specific informat	tion		
33.		whether or not you have filed a lawsuit on the disputes, insurance claims, or rights to		
	✓ No✓ Yes. Describe each claim			
34.	Other contingent and unliquid rights to set off claims	lated claims of every nature, including	counterclaims of the debtor and	
	✓ No✓ Yes. Describe each claim			
35.	Any financial assets you did r	not already list		
	✓ No✓ Yes. Give specific information	tion		
36.		our entries from Part 4, including any e t number here		→ \$90,721.03
Pa	art 5: Describe Any Busi	iness-Related Property You Owr	n or Have an Interest In. List	any real estate in Part 1.
37.	Do you own or have any legal	or equitable interest in any business-r	elated property?	
	No. Go to Part 6. Yes. Go to line 38.			
				Current value of the portion you own? Do not deduct secured
38.	Accounts receivable or comm	issions you already earned		claims or exemptions.
	✓ No ☐ Yes. Describe			
39.	Office equipment, furnishings Examples: Business-related co- desks, chairs, electr	emputers, software, modems, printers, cop	iers, fax machines, rugs, telephones	,
	✓ No ☐ Yes. Describe			

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 8 of 32

Deb	tor 1 	aclyn Rhoads	Case number (if known)	
40.	Machiner	y, fixtures, equipment, supplies you use in business, and tools of you	ır trade	
	✓ No ☐ Yes.	Describe		_
41.	Inventory			
	✓ No ☐ Yes.	Describe		-
42.	Interests i	in partnerships or joint ventures		
	✓ No ☐ Yes.	Describe Name of entity:	% of ownership:	
43.	Customer	r lists, mailing lists, or other compilations		
	_	Do your lists include personally identifiable information (as defined in No ☐ Yes. Describe	n 11 U.S.C. § 101(41A))?	-
44.	Any busir	ness-related property you did not already list		
	✓ No ☐ Yes.	Give specific information.		
45.		Iollar value of all of your entries from Part 5, including any entries for for Part 5. Write that number here	- I EN NN	-
Pa		escribe Any Farm- and Commercial Fishing-Related Prop you own or have an interest in farmland, list it in Part 1.	perty You Own or Have an Interest In.	_
46.	Do you ov	wn or have any legal or equitable interest in any farm- or commercial	fishing-related property?	
		Go to Part 7. Go to line 47.		
			Current value of the portion you own? Do not deduct secured claims or exemptions.	
47.	Farm anin	mals : Livestock, poultry, farm-raised fish		
	✓ No ☐ Yes			_
48.	Cropseit	ther growing or harvested		
		Give specific nation		-
49.	Farm and	fishing equipment, implements, machinery, fixtures, and tools of trad	de	
	✓ No ☐ Yes			-
50.	Farm and	fishing supplies, chemicals, and feed		
	✓ No ☐ Yes			_

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 9 of 32

Deb	otor 1 Jaclyn Rhoads	Case nu	umber (if known)		
51.	Any farm- and commercial fishing-related property you did n	not already list			
	Yes. Give specific information			_	
52.	Add the dollar value of all of your entries from Part 6, including attached for Part 6. Write that number here			• [_	\$0.00
Pa	art 7: Describe All Property You Own or Have an	Interest in That You [Did Not List Abov	/e	
53.	Do you have other property of any kind you did not already I Examples: Season tickets, country club membership	ist?			
	✓ No✓ Yes. Give specific information.			_	
54.	Add the dollar value of all of your entries from Part 7. Write	that number here	-	, [_	\$0.00
Pa	art 8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2			-	\$670,325.00
56.	Part 2: Total vehicles, line 5	\$0.00			
57.	Part 3: Total personal and household items, line 15	\$3,400.00			
58.	Part 4: Total financial assets, line 36	\$90,721.03			
59.	Part 5: Total business-related property, line 45	\$0.00			
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00			
61.	Part 7: Total other property not listed, line 54	+\$0.00			
62.	Total personal property. Add lines 56 through 61	\$94,121.03	Copy personal property total	+_	\$94,121.03
63.	Total of all property on Schedule A/B. Add line 55 + line 62			[_	\$764,446.03

Fill in this inf	ormation to id	dentify your o	case:				
Debtor 1	Jaclyn		Rhoads				
Dahtar 0	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	e Last Name				
United States Ba	nkruptcy Court for	the: EASTER	N DIST. OF PENNS	YLV	ANIA	☐ Check if this is an	
Case number (if known)						amended filing	
Official Form	106C						
Schedule C	: The Prope	erty You Cl	aim as Exemp	ot			04/16
Using the property	you listed on Schill out and attach t	nedule A/B: Prope o this page as m	erty (Official Form 10	6A/B)	as your source, list	responsible for supplying correct inf the property that you claim as exemp cessary. On the top of any additiona	t. If more
is to state a speci exempted up to the receive certain be exemption of 100° property is determ	fic dollar amount ne amount of any mefits, and tax-e % of fair market we nined to exceed to	t as exempt. All applicable stat xempt retirement value under a la that amount, yo	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe	clair kemp limite empti	n the full fair marke tionssuch as thos d in dollar amount. on to a particular do	n you claim. One way of doing so t value of the property being e for health aids, rights to However, if you claim an ollar amount and the value of the able statutory amount.	
Tart I. Ide	initing the riop	city rou cia	iiii as Exempt				
	exemptions are		•		if your spouse is filir	ng with you.	
<u> </u>	•		kruptcy exemptions. J.S.C. § 522(b)(2)	11 U.	S.C. § 522(b)(3)		
_							
2. For any prop	erty you list on S	Schedule A/B th	at you claim as exer	npt, f	ill in the information	n below.	
Brief description of Schedule A/B that			Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemp	otion
			Copy the value from Schedule A/B		eck only one box for h exemption		
Brief description: 301 Harrison Av Line from Schedule			\$202,104.00		\$23,675.00 100% of fair marker value, up to any applicable statutory limit		
Brief description:			\$1,000.00	$\overline{\mathbf{Q}}$	\$1,000.00	11 U.S.C. § 522(d)(3)	
Household item Line from Schedule			. ,		100% of fair marker value, up to any applicable statutory limit	Ē	
(Subject to ad	ljustment on 4/01/	19 and every 3 y	more than \$160,375 rears after that for cas	ses fil			

Jaciyn Rhoads		Case numbe	r (if known)
Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Televisions, computer	\$600.00	\$600.00 100% of fair market value, up to any	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 7		applicable statutory limit	
Brief description: General Clothing items	\$300.00	\$300.00 100% of fair market	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:11		value, up to any applicable statutory limit	
Brief description: Wedding ring	\$1,500.00	\$1,500.00 100% of fair market	11 U.S.C. § 522(d)(4)
Line from Schedule A/B:12		value, up to any applicable statutory limit	
Brief description: Checking account-Citizens Bank	\$5,000.00	\$650.00 100% of fair market	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:		value, up to any applicable statutory limit	
Brief description: Savings account-Citizens Bank	\$2,000.00	\$0.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:17.2		100% of fair market value, up to any applicable statutory limit	
Brief description: 403-b Plan Vanguard	\$66,000.00	\$66,000.00 100% of fair market	11 U.S.C. § 522(d)(12)
Line from Schedule A/B:		value, up to any applicable statutory limit	
Brief description: Pension plan-TIAA	\$846.22	\$846.22 100% of fair market	11 U.S.C. § 522(d)(12)
Line from Schedule A/B:		value, up to any applicable statutory limit	
Brief description: Whole Life Insurance Policy	\$4,874.81	\$4,874.81 100% of fair market	11 U.S.C. § 522(d)(7)
Line from Schedule A/B:31		100% of fair market value, up to any applicable statutory limit	

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 12 of 32

Fill in this inf	ormation to identi	fy your case:				
Debtor 1	Jaclyn First Name	Middle Name	Rhoads Last Name			
Dahtar 0	Tilotivanio	viidale i vairie	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	FASTERN DIST.	OF PENNSYI VAN	IA		
Case number	intropiedy Court for the.	LAGILAN DIGI.	OI I EINIOI EVAIN			
(if known)					Check if this is amended filing	
Official Farms	1000				amenaea ming	9
Official Form						
Schedule D:	Creditors Who	Have Clain	ns Secured by	Property		12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims						
creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the Do n				Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the p	• •	\$17,440.00	\$36,458.00	
Philadelphia Fcu	J	secures the cla Real Estate	aim:	\$17,440.00	φ30,430.00	
Creditor's name 425 Phillips Blvo		- Neal Estate				
Number Street		_				
Check if this of to a community	Debtor 2 only the debtors and another claim relates by debt	Contingent Unliquidate Disputed Nature of lien. An agreeme Statutory lie Judgment lie Other (inclu	Check all that apply. ent you made (such as en (such as tax lien, me ien from a lawsuit iding a right to offset) onal Real Estate Mo	mortgage or secured echanic's lien) ortgage	car loan)	
Date debt was inc	urred <u>09/2005</u>	Last 4 digits of	account number	2 3 0 0		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$17,440.00

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 13 of 32

Column B Value of c that support collateral 8,120.00 Sample Column B Value of c that support claim	
3,120.00 \$39	5,305.00
or secured car loan) en)	
<u>0 1</u> 0,343.00 \$39	95,305.00 \$213,158.00
or secured car loan)	
t	that apply. or secured car loan) en)

Add the dollar value of your entries in Column A on this page. Write that number here:

\$608,463.00

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 14 of 32

Debtor 1	Jaclyn Rhoads		_ Case number (if	known)	
Part 1:	Additional Page After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.4 Wells Fargo Hm Mortgag Creditor's name 8480 Stagecoach Cir Number Street		Describe the property that secures the claim: Real Estate	\$75,000.00	\$75,000.00	
Debtor Debtor Debtor At least Check	State ZIP Code the debt? Check one. 1 only	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) Arrearage claim	mortgage or secured	car loan)	
Date debt v	vas incurred Various	Last 4 digits of account number	2 9 6 8		

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$75,000.00 \$700,903.00 Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 15 of 32

Fill in this inf	ormation to i	dentify your c	ase:			
Debtor 1	Jaclyn		Rhoads	_		
	First Name	Middle Name	Last Name			
Debtor 2				_		
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for	the: EASTERN	DIST. OF PENNSYLVANIA	_		
Case number				_		
(if known)					Check if this is a amended filing	an
Official Form	106E/F					
Schedule E/	F: Creditor	s Who Hav	e Unsecured Claims			12/15
If more space is n to this page. On t	eeded, copy the he top of any ad t All of Your I	Part you need, fi ditional pages, w PRIORITY Uns	claims that are listed in Schedulill it out, number the entries in the crite your name and case number secured Claims	e boxes on the left. At		
	tors have priority	unsecured clair	ns against you?			
☐ No. Go t ✓ Yes.	o Part 2.					
claim. For ear show both price more space is	ch claim listed, id ority and nonpriori	entify what type o ty amounts. As n ty unsecured clair	creditor has more than one priority f claim it is. If a claim has both prionuch as possible, list the claims in ams, fill out the Continuation Page of	ority and nonpriority amo	ounts, list that clain	m here and or's name. If
(For an explar	nation of each typ	e of claim, see the	e instructions for this form in the ins	struction booklet.		
				Total claim	Priority amount	Nonpriority amount
2.1				\$2,000.00	\$2,000.00	\$0.00
Erik B. Jensen F			Last 4 digits of account number	,		
Priority Creditor's Nam 1528 Walnut Str			When was the debt incurred?	08/07/2017		
Number Street Suite 1401			Which was the dest mounted.	00/01/2017	-	
Saite 1401			As of the date you file, the clain	n is: Check all that app	ly.	
Dhiladalahia		40400	Contingent Unliquidated			
Philadelphia City	PA State	19102 ZIP Code	Disputed			
Who incurred the	debt? Check of	one.	Type of PRIORITY unsecured cl	laim:		
Debtor 1 only Debtor 2 only			Domestic support obligations			
Debtor 1 and D	Debtor 2 only		Taxes and certain other debts Claims for death or personal		ent	
At least one of	the debtors and a		intoxicated	, , , , , , , , , , ,		
Check if this o		nmunity debt	Other. Specify	20		
Is the claim subje	Ct to offset?		Attorney fees for this cas	S C		
Yes						

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 16 of 32

Debtor 1	Jaclyn Rhoads	Case number (if known)	
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims	
□ No ☑ Ye	es	I claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim.	
If a cred type of	ditor has more than one nonpriority unse claim it is. Do not list claims already inc	cured claim, list the creditor separately for each claim. For each claim listed in Part 1. If more than one creditor holds a particular claim, list the otl unsecured claims, fill out the Continuation Page of Part 2.	
			Total claim
4.1 Chase Car Nonpriority Cre P.o. Box 15 Number	editor's Name	Last 4 digits of account number 5 1 7 6 When was the debt incurred? 05/2005 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$807.00
Debtor 1 Debtor 2 Debtor 1 At least of Check if Is the claim	State ZIP Code ed the debt? Check one. I only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
4.2 Citi Nonpriority Cre Po Box 624 Number S Sioux Falls City Who incurre Debtor 1 Debtor 2 Debtor 1	State ZIP Code Check one.	Last 4 digits of account number 8 9 1 4 When was the debt incurred? 09/1995 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts	\$1,847.00
☑ Check if	f this claim is for a community debt subject to offset?	Other. Specify Credit Card	

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 17 of 32

Debtor 1 Jaclyn Rhoads	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$1,411.00
Citi	Last 4 digits of account number 6 2 1 8	
Nonpriority Creditor's Name Po Box 6241	When was the debt incurred? 03/2011	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Sioux Falls SD 57117	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?	0.04.0	
✓ No ☐ Yes		
4.4		\$559.00
Citizens Bank	Last 4 digits of account number2732	
Nonpriority Creditor's Name 1 Citizens Dr	When was the debt incurred? 09/2004	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Riverside RI 02915	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Check Credit or Line of Credit	
Is the claim subject to offset?		
☑ No		
Yes		
4.5		\$14,004.00
Discover Fin Svcs Llc	Last 4 digits of account number 4 5 4 8	
Nonpriority Creditor's Name Po Box 15316	When was the debt incurred? 02/2006	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Wilmington DE 19850	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?		
✓ No		
Yes		

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 18 of 32

Debtor 1 Jaclyn Rhoads	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.6		\$383.00
Discover Fin Svcs Llc	Last 4 digits of account number 4 0 2 9	-
Nonpriority Creditor's Name	When was the debt incurred? 07/2004	
Po Box 15316 Number Street	As of the date you file, the claim is: Check all that apply.	
Trumbor Caroot	_ Contingent	
	✓ Unliquidated	
Wilmington DE 19850	Disputed	
Wilmington DE 19850 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
<i>.</i>	Credit Card	
Is the claim subject to offset? ✓ No		
☐ Yes		
4.7		\$247.00
Kohls/capone	Last 4 digits of account number	
Nonpriority Creditor's Name Po Box 3115	When was the debt incurred? 04/2014	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☑ Unliquidated	
Milwaukee WI 53201	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?	33	
☑ No		
Yes		
4.8		04.547.00
	Leat 4 digita of account number 0 0 0 0	\$1,547.00
Sears/cbna Nonpriority Creditor's Name	Last 4 digits of account number 9 3 6 8	
Po Box 6283	When was the debt incurred? 12/1995	
Number Street	As of the date you file, the claim is: Check all that apply.	
	— ☐ Disputed	
Sioux Falls SD 57117 City State ZIP Code		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No ☐ Yes		
1 1		

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 19 of 32

Debtor 1 Jaclyn Rhoads	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$996.00
Syncb/amazon	Last 4 digits of account number 9 1 3 6	
Nonpriority Creditor's Name Po Box 965015	When was the debt incurred? 03/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☑ Unliquidated	
Orlando FL 32896	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?	· ·	
☑ No		
Yes		
4.10		\$240.00
Syncb/old Navy	Last 4 digits of account number 4 6 2 1	φ240.00
Nonpriority Creditor's Name	When was the debt incurred? 07/2006	
Po Box 965005	<u> </u>	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	☐ Unliquidated	
	Disputed	
Orlando FL 32896 City State ZIP Code	Towns (NONDRIGHTY	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
— Object 16 date at almost a few and a summon that date	☑ Other. Specify	
Is the claim subject to offset?	Charge Account	
No		
Yes		
4.11		
	Lock A divite of account number 7 7 4 5	\$676.00
Syncb/paypal Extras Mc Nonpriority Creditor's Name	Last 4 digits of account number 7 7 1 5	
Po Box 965005	When was the debt incurred? 03/2017	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	✓ Unliquidated	
Orlando FL 32896	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	✓ Other. Specify	
	Credit Card	
Is the claim subject to offset? ✓ No		
☐ Yes		

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 20 of 32

Debtor 1 Jaclyn Rhoads	Case number (if known)	
Part 2: Your NONPRIORITY Unse	cured Claims Continuation Page	
After listing any entries on this page, number previous page.	them sequentially from the	Total claim
4.12		\$248.00
Syncb/toysrus	Last 4 digits of account number 5 0 6 1	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred? 05/2017	
Po Box 965005 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Orlando FL 32896	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community del	Other. Specify Charge Account	
Is the claim subject to offset?	onarge Account	
No No		
Yes		
4.13		\$1,115.00
Thd/cbna	Last 4 digits of account number 4 0 4 7	
Nonpriority Creditor's Name Po Box 6497	When was the debt incurred? 03/2006	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	✓ Unliquidated Disputed	
Sioux Falls SD 57117		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
	Charge Account	
Is the claim subject to offset?		
☑ No		
Yes		
4.14		\$2,544.00
Transworld System Inc/	Last 4 digits of account number 0 1 7 3	ΨΣ,344.00
Nonpriority Creditor's Name	When was the debt incurred? 03/2016	
500 Virginia Dr Ste 514	<u> </u>	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	☐ Contingent ☐ Unliquidated	
Fort Weekington DA 40004	Disputed	
Fort Washington PA 19034 City State ZIP Code	Type of NONERIORITY uncocured claim:	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
	Collection Attorney	
Is the claim subject to offset? No		
✓ No Yes		

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 21 of 32

Debtor 1	Jaclyn Rhoads	Case number (if known)
Part 4:	Add the Amounts for Each Type of Unsecured Claim	
	the amounts of certain types of unsecured claims. This information is 6.C. § 159. Add the amounts for each type of unsecured claim.	for statistical reporting purposes only.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$2,000.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$2,000.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$26,624.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$26,624.00

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 22 of 32

Fill in this inf	ormation to ider	ntify your case:		
Debtor 1	Jaclyn First Name	Middle Name	Rhoads Last Name	
Debtor 2	riistiname	Middle Name	Last Name	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the	EASTERN DIST.	OF PENNSYLVANIA	
Case number (if known)				Check if this is a amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 23 of 32

Fill in this inf	ormation to	identify your case:			
Debtor 1	Jaclyn		Rhoads		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Ba	nkruptcy Court f	or the: EASTERN DIS	T. OF PENNSYLVANIA	<u> </u>	
Case number					Near to the territory
(if known)				<u> </u>	Check if this is an mended filing
O#:-:-! - !	40011				
Official Form		1.14			
Schedule H	: Your Cod	lebtors			12/1
needed, copy the page. On the top	Additional Pag of any Addition	e, fill it out, and numbe aal Pages, write your na	r the entries in the boxe ame and case number (if	ng correct information. If mo s on the left. Attach the Addi known). Answer every ques	tional Page to this
1. Do you have ☐ No ☑ Yes	any codebtors	(If you are filing a joi	nt case, do not list either	spouse as a codeotor.)	
	-	5		ritory? (Community property s , Texas, Washington, and Wis	
✓ No. Go		ormer spouse, or legal ed	quivalent live with you at t	ne time?	
☐ Yes	S				
person show creditor on S	n in line 2 agai Schedule D (Off	n as a codebtor only if	that person is a guarant dule E/F (Official Form 1	debtor if your spouse is filing or or cosigner. Make sure yo 06E/F), or <i>Schedule G</i> (Offici	ou have listed the
Column 1:	Your codebto	r		Column 2: The creditor	to whom you owe the debt
				Check all schedules that	apply:
3.1 Spouse I	Name Not Ent	ered			
Name				Schedule D, line	
Number	Street			- Schedule E/F, line_	
				Schedule G, line	
City		State	ZIP Code	Chase Card -	
	Nome Not Ent				
3.2 Spouse I	Name Not Ent	ereu		Schedule D, line	
Number	Street			Schedule E/F, line_	4.2
				Schedule G, line	
City		State	ZID Codo	Citi -	

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 24 of 32

Debtor 1 Jaclyn Rhoads	Case number (if known)
Additional Page to List More Codebtors	
Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
	Check all schedules that apply:
3.3 Spouse Name Not Entered	Schedule D, line
Number Street	Schedule G, line
	Citi
City State ZIP Code	
3.4 Spouse Name Not Entered	Schedule D, line
Name	
Number Street	-
	Schedule G, line Citizens Bank
City State ZIP Code	——————————————————————————————————————
3.5 Spouse Name Not Entered	
3.5 Spouse Name Not Entered Name	Schedule D, line
Number Street	Schedule E/F, line 4.5
	Schedule G, line
	Discover Fin Svcs Llc
City State ZIP Code	
3.6 Spouse Name Not Entered	Schedule D, line
Name	_
Number Street	<u> </u>
	Schedule G, line Discover Fin Svcs Llc
City State ZIP Code	
3.7 Spouse Name Not Entered	
Name	Schedule D, line
Number Street	Schedule E/F, line 2.1
	Schedule G, line
	Erik B. Jensen P.C.
City State ZIP Code	
3.8 Spouse Name Not Entered	Schedule D, line
Number Street	Schedule G, line
	Kohls/capone
City State 7IP Code	·

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 25 of 32

Jaciyn Knoads			Case number (if known)
Additional Page to List	More Code	ebtors	
Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt
			Check all schedules that apply:
Spouse Name Not Entered			
Name			Schedule D, line 2.1
Number Street			Schedule E/F, line
			Schedule G, line
			Philadelphia Fcu
City	State	ZIP Code	
Spouse Name Not Entered			Schedule D, line
Name			
Number Street			Schedule E/F, line 4.8
			Schedule G, line
Other	04-4-	710.0-1-	Sears/cbna
City	State	ZIP Code	
Spouse Name Not Entered			Schedule D, line
			Schedule E/F, line 4.9
Number Street			
			Schedule G, line Syncb/amazon
City	State	ZIP Code	——————————————————————————————————————
·			
Name Not Entered			Schedule D, line
Number Street			Schedule E/F, line 4.10
			Schedule G, line
			Syncb/old Navy
City	State	ZIP Code	
Spouse Name Not Entered			
Name			Schedule D, line
Number Street			Schedule E/F, line 4.11
			Schedule G, line
			Syncb/paypal Extras Mc
City	State	ZIP Code	
Spouse Name Not Entered			Schedule D, line
Name			
Number Street			Schedule E/F, line 4.12
			Schedule G, line
Citv	State	ZIP Code	Syncb/toysrus
	Additional Page to List Column 1: Your codebtor Spouse Name Not Entered Name Number Street City Spouse Name Not Entered Name Number Street City Spouse Name Not Entered Name Number Street City Spouse Name Not Entered Name Number Street	Additional Page to List More Code Column 1: Your codebtor Spouse Name Not Entered Name Number Street City State Spouse Name Not Entered Name Number Street City State Spouse Name Not Entered Name Number Street City State Spouse Name Not Entered Name Number Street City State Spouse Name Not Entered Name Number Street City State Spouse Name Not Entered Name Number Street City State Spouse Name Not Entered Name Number Street City State Spouse Name Not Entered Name Number Street	Additional Page to List More Codebtors Column 1: Your codebtor Spouse Name Not Entered Name Number Street City State ZIP Code Spouse Name Not Entered Name Number Street City State ZIP Code Spouse Name Not Entered Name Number Street City State ZIP Code Spouse Name Not Entered Name Number Street City State ZIP Code Spouse Name Not Entered Name Number Street City State ZIP Code Spouse Name Not Entered Name Number Street City State ZIP Code Spouse Name Not Entered Name Number Street

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 26 of 32

Deptor i	Jaciyn Knoads			Case number (if known)
	Additional Page to List	More Code	btors	
Co.	lumn 1: Your codebtor			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.15 Sp	ouse Name Not Entered			Schedule D, line
Nar	ne			
Nur	nber Street			<u> </u>
				Schedule G, line Thd/cbna
City		State	ZIP Code	
	ouse Name Not Entered			— Schedule D, line
Nar	ne			
Nur	nber Street			Schedule E/F, line 4.14
				Schedule G, line
City		State	ZIP Code	Transworld System Inc/
3.17 Sp Nar	ouse Name Not Entered			Schedule D, line 2.2
Nur	nber Street			Schedule E/F, line
				Schedule G, line
				Wells Fargo Bank Nv Na
City		State	ZIP Code	
3.18 Sp	ouse Name Not Entered			Schedule D, line 2.3
Nur	nber Street			— ☐ Schedule E/F, line
	dieet			Schedule G, line
				Wells Fargo Hm Mortgag
City		State	ZIP Code	
3.19 Sp	ouse Name Not Entered			Schedule D, line 2.4
	nber Street			Schedule E/F, line
				Schedule G, line
				Wells Fargo Hm Mortgag
City		State	ZIP Code	

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 27 of 32

-	Il in this inform	otion to i	dentify your ear				1			
			dentify your cas	Rhoads						
'	Debtor 1	Jaclyn First Name	Middle Nar				Che	eck if this is:		
	Debtor 2 Spouse, if filing)	First Name	Middle Nar	ne Last Name	<u> </u>			An amended filing		
`	Jnited States Bankri			N DIST. OF PENNS		NIA		A supplement showing postpe		
	Case number							chapter 13 income as of the fo	llowing date:	
<u> </u>	if known)	01]	MM / DD / YYYY		
	ficial Form 10									
Sc	hedule I: You	ur Incor	ne						12/15	
incl abo you	ude information ab ut your spouse. If r name and case n	out your space	pouse. If you are se e is needed, attach nown). Answer eve	parated and your sp a separate sheet to t	ouse	is not filing \	with y	spouse is living with you, ou, do not include information any additional pages, write	1	
1.	Fill in your employ	•	, .							
	information.	-		Debtor 1				Debtor 2 or non-filing spou	se	
	If you have more than one job, attach a separate pagwith information about additional employers.	ate page	page Employment status		— · ·			☑ Employed		
			Occupation	<u> </u>	Not employed			☐ Not employedProject Manager		
	Include part-time, seasonal,		Occupation	ASSISTANT EX	Assistant Executive Director			1 roject manager		
	or self-employed w	ork.	Employer's name					_		
	Occupation may in student or homema		Employer's address					-		
	applies.	aker, ii it		Number Street				Number Street		
				City		State Zip C	ode	City State	Zip Code	
			How long employe	ed there?						
D.	art 2: Give D	otaile Ah	out Monthly Inc						_	
					hina ta	report for an	ov line	, write \$0 in the space. Include	vour	
	filing spouse unless			orm. If you have not	imig k	report for ar	iy iii ic	, while your the space. Include	your	
-			e more than one emp arate sheet to this fo	•	format	ion for all em	ploye	rs for that person on the lines b	elow. If	
						For Debtor	1	For Debtor 2 or non-filing spouse		
2.			alary, and commiss I monthly, calculate v	ions (before all what the monthly wage	2.	\$5,41	6.67	\$7,353.23		
3.	Estimate and list	monthly ov	ertime pay.		3.	. \$	0.00	\$0.00		

Official Form 106l Schedule I: Your Income page 1

\$5,416.67

\$7,353.23

Calculate gross income. Add line 2 + line 3.

Debt	or 1 Jaclyn Rhoads		Case nun	nber (if kn	own)		
			For Debtor 1		btor 2 or ing spouse	<u>) </u>	
	Copy line 4 here	4.	\$5,416.67	\$7	7,353.23		
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$1,035.03	\$1	,327.26		
	5b. Mandatory contributions for retirement plans	5b.	\$747.50		\$0.00		
	5c. Voluntary contributions for retirement plans	5c.	\$0.00		\$0.00		
	5d. Required repayments of retirement fund loans	5d.	\$0.00		\$173.33		
	5e. Insurance	5e.	\$0.00		\$0.00		
	5f. Domestic support obligations	5f.	\$0.00		\$0.00		
	5g. Union dues	5g.	\$0.00		\$0.00		
	5h. Other deductions. Specify: Others	5h. -	\$41.43		\$260.26		
	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$1,823.96	\$1	,760.85		
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,592.71	\$5	5,592.38		
	List all other income regularly received:						
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$3,150.00		\$0.00		
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b. Interest and dividends	8b.	\$0.00		\$0.00		
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		\$0.00		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d. Unemployment compensation	8d.	\$0.00		\$0.00		
	8e. Social Security	8e.	\$0.00		\$0.00		
	8f. Other government assistance that you regularly receive						
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
	Specify:	8f.	\$0.00		\$0.00		
	8g. Pension or retirement income	- 8g.	\$0.00		\$0.00		
	8h. Other monthly income.	Ü					
	Specify: Teaching	8h. 🖣	\$1,250.00		\$0.00		
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$4,400.00		\$0.00		
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$7,992.71	+\$	5,592.38]=[\$13,585.09
	State all other regular contributions to the expenses that you list in S	chedu	ıle J.				
	Include contributions from an unmarried partner, members of your houselfriends or relatives.			r roomma	tes, and ot	her	
	Do not include any amounts already included in lines 2-10 or amounts that		. ,	expenses		hed	
	Specify:				11.	+,	\$0.00
	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilities if it applies.						\$13,585.09 Combined
						1	monthly income
	Do you expect an increase or decrease within the year after you file t	his fo	rm?				
	No. None.						
	Yes. Explain:						

Case 17-14666-elf Doc 12 Filed 08/07/17 Entered 08/07/17 10:19:27 Desc Main Document Page 29 of 32

G	ill in this inform	ation to identif	y your case:		01	1		
	Debtor 1	laclyn	Rhoa	ade		ck if this		
	Deptor I	Jaclyn First Name Middle Name		ame		A supplement showing postpetition		
	Debtor 2 (Spouse, if filing)	First Name	Middle Name Last N	ame			r 13 expenses a ng date:	is of the
	United States Bankr	uptcy Court for the:	EASTERN DIST. OF PEN	NSYLVANIA		MM / D	D / YYYY	
	Case number (if known)							
Of	fficial Form 10	<u>6J</u>						
Sc	chedule J: Yo	ur Expenses	5					12/15
naı	rrect information. If me and case numbe	more space is nee						
1.	Is this a joint case	e?						
2.	No Yes	ebtor 2 live in a sets. Debtor 2 must file endents?	parate household? • Official Form 106J-2, Expense No Yes. Fill out this information	es for Separate Househo Dependent's relatio			2. Dependent's	Does dependent
	Do not list Debtor of Debtor 2.	land 🗀	for each dependent	Debtor 1 or Debtor 2			age	_ <u>live with you?</u> ☐ No
	Do not state the de names.	ependents'						Yes No Yes No Yes No Yes
3.	Do your expenses expenses of peopyourself and your	le other than	✓ No ☐ Yes					No Yes No Yes
F	Part 2: Estima	ate Your Ongoir	ng Monthly Expenses					
to		of a date after the	ruptcy filing date unless you bankruptcy is filed. If this is	-			-	
			government assistance if yo Schedule I: Your Income (Off				Your expens	ses
4.			nses for your residence. ny rent for the ground or lot.			4	4.	\$1,825.00
	If not included in	line 4:						
	4a. Real estate ta	axes				4	4a	\$500.00
	4b. Property, hom	neowner's, or renter's	s insurance			4	4b	\$134.00
	4c. Home mainte	nance, repair, and u	pkeep expenses			4	4c	\$167.00
	4d. Homeowner's	association or cond	dominium dues			4	4d	

Debtor 1 Jaclyn Rhoads		Case number (if known)			
		Your exper	ises		
5. Additional mortgage payments for	or your residence, such as home equity loans	5.	\$800.00		
6. Utilities:					
6a. Electricity, heat, natural gas		6a	\$300.00		
6b. Water, sewer, garbage collect	ion	6b	\$80.00		
6c. Telephone, cell phone, Internocable services	et, satellite, and	6c	\$400.00		
6d. Other. Specify:		6d			
7. Food and housekeeping supplies	S	7.	\$600.00		
8. Childcare and children's educati	on costs	8.	\$1,700.00		
9. Clothing, laundry, and dry cleani	ng	9.	\$100.00		
10. Personal care products and serv	ices	10.	\$100.00		
11. Medical and dental expenses		11.			
12. Transportation. Include gas, main fare. Do not include car payments		12.	\$100.00		
13. Entertainment, clubs, recreation, magazines, and books	newspapers,	13.			
14. Charitable contributions and reli	gious donations	14.			
15. Insurance.					
Do not include insurance deducted	from your pay or included in lines 4 or 20.				
15a. Life insurance		15a	\$125.00		
15b. Health insurance		15b			
15c. Vehicle insurance		15c	\$310.00		
15d. Other insurance. Specify:		15d.			
Specific.	lucted from your pay or included in lines 4 or 20.	16.			
17. Installment or lease payments:					
17a. Car payments for Vehicle 1		17a	\$820.00		
17b. Car payments for Vehicle 2		17b			
17c. Other. Specify: Mortgage	for nj property	17c	\$2,500.00		
17d. Other. Specify: Mortgage	3 / Mortgage 4	17d.	\$1,100.00		
	tenance, and support that you did not report as 5, Schedule I, Your Income (Official Form 106I).	18.			
19. Other payments you make to sup Specify:	pport others who do not live with you.	19.			

Deb	tor 1	Jaclyn Rhoads	Case number (if known)	
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a.	
	20b.	Real estate taxes	20b.	
	20c.	Property, homeowner's, or renter's insurance	20c.	
	20d.	Maintenance, repair, and upkeep expenses	20d.	
	20e.	Homeowner's association or condominium dues	20e.	
21.	Other	r. Specify:	^{21.} +_	
22.	Calcu	ulate your monthly expenses.	_	
	22a.	Add lines 4 through 21.	22a	\$11,661.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form		22b.	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$11,661.00
23.	Calcu	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$13,585.09
	23b.	Copy your monthly expenses from line 22c above.	23b. –	\$11,661.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$1,924.09
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you f	file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you extent to increase or decrease because of a modification to the terms of your mortgag		
	√ 1	No.		
		Yes. Explain here: None.		
		incine.		

				_
Fill in	this information to	identify your case	:	
Debtor 1	1 <u>Jaclyn</u> First Name	Middle Name	Rhoads Last Name	
Debtor 2 (Spouse	2 e, if filing) First Name	Middle Name	Last Name	
United S	States Bankruptcy Court	for the: EASTERN DIS	T. OF PENNSYLVANIA	
Case nu (if know				☐ Check if this is an amended filing
Officia	l Form 106Dec			
		Individual Debt	or's Schedules	12/15
			lly responsible for supplying chedules or amended schedu	correct information. lles. Making a false statement,
concealir	ng property, or obtaini	ng money or property by		ankruptcy case can result in fines up to
	Sign Below			
Did	you pay or agree to pa	y someone who is NOT	an attorney to help you fill ou	it bankruptcy forms?
	No .	•	, ,,	. ,
	Yes. Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	er penalty of perjury, I and correct.	declare that I have read	the summary and schedules	filed with this declaration and that they are
X /s	s/ Jaclyn Rhoads		X	
_	aclyn Rhoads, Debtor 1		Signature of Debtor 2	
D	Date 08/07/2017		Date	

MM / DD / YYYY

MM / DD / YYYY